

Catholic Charities  
Independent Contractor Evaluation Form

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date Started: \_\_\_\_\_ Period of Evaluation: \_\_\_\_\_

Program: \_\_\_\_\_

Independent Contractor to complete questions below:

Scope of Work:

The goals and purpose of the program are clear to you. Yes \_\_\_ No \_\_\_

The scope of your work duties remains consistent with your IC agreement. Yes \_\_\_ No \_\_\_

Access to CCI program personnel:

A CCI personnel Member was available to you when you had questions or needed information. Yes \_\_\_ No \_\_\_

CCI provided New Personnel Orientation and/or updates within this evaluation period.

Yes \_\_\_ No \_\_\_

Lines of organizational structure within the program were clear. Yes \_\_\_ No \_\_\_

What are some suggestions or goals you would offer for the program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Staff Member to complete using rating scale below:

Rating Scale:

1 - Needs improvement

4 -Very good

2 - Fair

5 - Superior

3 - Good

\_\_\_ The quality of services provided by Independent Contractor

Additional comments provided by Independent Contractor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of Independent Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Personnel Member: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_